

IN THE COMMON PLEAS COURT OF GREENE COUNTY, OHIO
DOMESTIC RELATIONS DIVISION

Plaintiff

CASE NO. _____

Judge Martin
Magistrate _____

-vs-

Defendant.

**Motion for Contempt and
Affidavit In Support**

Now comes _____, Plaintiff/Defendant,
and moves this Honorable Court to hold _____,
Plaintiff/Defendant in Contempt of this Court for disobeying a previous Order of this
Court or an Administrative Order of Support. The reason for this request is:

1. Interference with parenting time or other parenting orders filed on _____ (date).
2. Failure to pay child support, as required by the order filed on _____ (date)
and the total arrearage owed is \$ _____
*(Bring to the hearing an up-to-date printout from the County Child Support Enforcement Agency
showing the amount of the child support owed to you.)*
3. Failure to pay spousal support, as required by the order filed on _____ (date)
and the total arrearage owed is \$ _____
*(Bring to the hearing an up-to-date printout from the County Child Support Enforcement Agency
or other independent proof showing the amount owed to you.)*

4. Payment or reimbursement of health care expenses incurred for the minor child(ren). Attach an Explanation of Health Care Bills (Uniform Domestic Relations Form 26) and bring to the hearing the following documents:
- a. Copies of each bill for which you seek reimbursement;
 - b. Proof of payment by you. Proof of payment may include a receipt for payment signed by the health care provider, a copy of a cancelled check, or a copy of a credit card statement verifying the amount paid; and
 - c. Explanation of Benefits forms showing payment made by the health insurance carrier.
5. Failure to comply with the Court's orders of _____ (date) regarding (check all that apply):
- Transfer of real estate, as follows: _____
 - Payment of debt, as follows: _____
 - Refinance of debt, as follows: _____
 - Distribution of personal property, as follows: _____
 - Other (specify): _____
6. Costs and any other relief as necessary and proper are also requested.

Respectfully Submitted by:

Signature

Typed or Printed Name

Telephone Number - Mandatory

E-mail address – Mandatory

Street Address - Mandatory

City and State, Zip Code